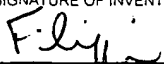
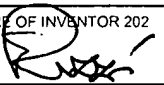



COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY <small>(Includes Reference to PCT International Applications)</small>	ATTORNEY DOCKET NUMBER 9526-48																									
<p>As a below named inventor, I hereby declare that:</p> <p>My residence, mailing address and citizenship are as stated below next to my name.</p> <p>I believe that I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: PLANT FOR UREA PRODUCTION</p> <hr/> <p>the specification of which (check only one item below):</p> <p><input type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed as U.S. Patent Application Serial Number _____ on _____, as amended on _____ (if applicable).</p> <p><input checked="" type="checkbox"/> was filed as a PCT international application number <u>PCT/EP2003/005839</u> on <u>June 4, 2003</u>, as amended on _____ (if applicable).</p> <p>I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.</p> <p>I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or (f), or §365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the applications on which priority is claimed:</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 25%;">Prior Foreign Application Number(s)</th><th style="width: 15%;">Country</th><th style="width: 20%;">Foreign Filing Date (MM/DD/YYYY)</th><th style="width: 15%;">Priority Not Claimed</th><th style="width: 25%;">Certified Copy Attached?</th></tr></thead><tbody><tr><td>02014473.9</td><td>EP</td><td>06/28/2002</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td></tr><tr><td>PCT/EP2003/005839</td><td>EP</td><td>06/04/2003</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</td></tr><tr><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td></tr><tr><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td></tr></tbody></table> <p><input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:</p>		Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	02014473.9	EP	06/28/2002	<input type="checkbox"/>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PCT/EP2003/005839	EP	06/04/2003	<input type="checkbox"/>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?																						
02014473.9	EP	06/28/2002	<input type="checkbox"/>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																						
PCT/EP2003/005839	EP	06/04/2003	<input type="checkbox"/>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																						
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO																						
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO																						

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY <small>(Includes Reference to PCT International Applications)</small>				ATTORNEY DOCKET NUMBER <div style="font-size: 1.2em; margin-top: 5px;">9526-48</div>	
I hereby claim the benefit under 35 U.S.C. Sections 120 or 119(e) of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:					
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. §120:					
U.S. APPLICATIONS				STATUS (Check One)	
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	ABANDONED	PENDING	
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NUMBER	PCT FILING DATE	U.S. SERIAL NUMBERS			
POWER OF ATTORNEY: As a named inventor, I hereby appoint registered patent practitioners associated with Customer Number <u>40987</u> to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith.					
Send Correspondence to: *Customer Number 40987* Akerman Senterfitt P.O. Box 3188 West Palm Beach, FL 33402-3188			Direct Telephone Calls to: GREGORY A. NELSON <div style="text-align: center; margin-top: 5px;">(561) 653-5000</div>		
201	FULL NAME OF INVENTOR	FAMILY NAME <u>FILIPPI</u>	FIRST GIVEN NAME <u>ERMANNO</u>	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY <u>CASTAGNOLA CHX</u>	STATE OR COUNTRY <u>SWITZERLAND</u>	COUNTRY OF CITIZENSHIP <u>ITALIAN</u>	
	MAILING ADDRESS	MAILING ADDRESS <u>STRADA DI GANDRIA 73</u>	CITY <u>CASTAGNOLA</u>	STATE & ZIP CODE/COUNTRY <u>SWITZERLAND, CH-6976</u>	
202	FULL NAME OF INVENTOR	FAMILY NAME <u>RIZZI</u>	FIRST GIVEN NAME <u>ENRICO</u>	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY <u>CASNATE CON BERNATE (CO) ITX</u>	STATE OR COUNTRY <u>ITALY</u>	COUNTRY OF CITIZENSHIP <u>ITALIAN</u>	
	MAILING ADDRESS	MAILING ADDRESS <u>VIA MANZONI, 4</u>	CITY <u>CASNATE CON BERNATE (CO)</u>	STATE & ZIP CODE/COUNTRY <u>ITALY, I-22070</u>	
203	FULL NAME OF INVENTOR	FAMILY NAME <u>TAROZZO</u>	FIRST GIVEN NAME <u>MIRCO</u>	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY <u>LIGORNETTO CHX</u>	STATE OR COUNTRY <u>SWITZERLAND</u>	COUNTRY OF CITIZENSHIP <u>ITALIAN</u>	
	MAILING ADDRESS	MAILING ADDRESS <u>VIA L. PIFFARETTI</u>	CITY <u>LIGORNETTO</u>	STATE & ZIP CODE/COUNTRY <u>SWITZERLAND, CH-6853</u>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
SIGNATURE OF INVENTOR 201 		SIGNATURE OF INVENTOR 202 		SIGNATURE OF INVENTOR 203 	
DATE Dec. 15, 2004		DATE Dec. 15, 2004		DATE Dec. 15, 2004	

UR041ms

PTO/SB/02A (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventorGiven Name FEDERICOFamily Name or Surname ZARDIInventor's Signature F. Zardi

Date

BREGANZONA

Residence: City

CH

State

SWITZERLAND

Country

SWISS

Citizenship

VIA LUCINO, 60
Mailing Address

Mailing Address

City BREGANZONA

State

CH-6932
ZIPSWITZERLAND
Country

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name

Family Name or Surname

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name

Family Name or Surname

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.